

1.) CORPORATION NAME:

ANDERSON & ASSOCIATES OF VIRGINIA, INC.

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

S. K. ANDERSON

100 ARDMORE STREET

BLACKSBURG, VA 24060

SCC ID NO: **01712629**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 ARDMORE ST

CITY/ST/ZIP: BLACKSBURG, VA 24060-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RONALD A. WORLEY, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 ARDMORE STREET		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	GARY S CROUCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	RT 3 BOX 153 B		
CITY/ST/ZIP/CO:	FLOYD, VA 24091-		
NAME:	CHRISTOPHER KAKNIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 ARDMORE STREET		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	STEPHEN STEELE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 ARDMORE STREET		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	JAMES BILLUPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	406 GALLIMORE DAIRY ROAD		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27409-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BUSHMAN VICE PRESIDENT 100 ARDMORE STREET BLACKSBURG, VA 24060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL A. MARTIN VICE PRESIDENT 100 ARDMORE STREET BLACKSBURG, VA 24060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT R. RATCLIFFE JR. SECRETARY 100 ARDMORE STREET BLACKSBURG, VA 24060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S K ANDERSON CEO 805 ALLENDALE BLACKSBURG, VA 24060-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W GLENN DIRECTOR P.O. BOX 14173 ROANOKE, VA 24038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK HART DIRECTOR 100 ARDMORE ST BALCKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN SIMMONS PRESIDENT 406 GALLIMORE DAIRY ROAD GREENSBORO, NC 27409-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACIE CASTRO DIRECTOR 100 ARDMORE STREET BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CALVIN DEAN UPTON VICE PRESIDENT 93 VIRGINIA AVENUE BECKLEY, WV 25801-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT R. RATCLIFFE JR. _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		ROBERT R. RATCLIFFE JR., _____ SECRETARY PRINTED NAME AND CORPORATE TITLE	
		12/30/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			